



# VARIANCE APPLICATION

## for RCW 70.160, Sec. 6

Tobacco Prevention and Control Program • Spokane Regional Health District  
1101 W. College Avenue, Rm. 401 • Spokane, WA 99201 • [www.srhd.org](http://www.srhd.org)

*Instructions for completing this form are listed on the back (page 2)*

Date of request: \_\_\_\_\_

Owner/Person in Charge: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Requests a variance from RCW 70.160, Sec. 6 regarding prohibiting smoking within 25 feet of entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited so as to ensure that tobacco smoke does not enter the area.

A. For which area(s) of your facility are you requesting a variance? Include the proposed new distance for each. (For example: Service entrance door on southwest corner of the building, 15 ft.)

1) \_\_\_\_\_ New Distance: \_\_\_\_\_  
2) \_\_\_\_\_ New Distance: \_\_\_\_\_  
3) \_\_\_\_\_ New Distance: \_\_\_\_\_

B. Briefly describe your proposed plan for the area(s) listed above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Applicant must provide a signed and stamped Certification Report from a licensed and qualified architect or engineer confirming that smoke will not enter the facility at the proposed new distance indicated for each of the areas listed above. (Please use the form that has been provided by SRHD).

D. Applicant must provide detailed plans indicating the specific area(s) to be considered for a variance along with the location of all nearby entrances, exits, windows that open, and ventilation intakes. Plans must be submitted by a licensed architect or engineer. (It is recommended that the same licensed architect or engineer submits both the Certification Report and the detailed plans).

I will meet the intent of RCW 70.160 Sec. 6 by ensuring that smoke will not infiltrate or reach entrances, exits, windows that open, or ventilation intakes or enter into such public place or place of employment and, therefore the public health and safety will be adequately protected by a lesser distance. I understand that any variance may be rescinded if it is found that smoke is entering the building. I attest that all information that I am submitting with this application is true, correct and complete to the best of my knowledge.

Signature of Owner/Person in Charge: \_\_\_\_\_

NOTE: A review fee of \$70.00 must be remitted with this application. This application will not be processed if payment is not included or application is incomplete. Please submit application and payment to Client Services, Spokane Regional Health District, 1101 W. College Ave., Rm. 126, Spokane, WA 99201.

*See Variance Application Procedure for a complete list of requirements and instructions.*

For Office Use Only:

☐ Approved ☐ Denied

Variance ID Number: \_\_\_\_\_

SRHD Representative/Division: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Receipt #: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Paid By \_\_\_\_\_

## Instructions for completing the Variance Application for RCW 70.160, Sec. 6

Contact Information: Please fill out the top section of the form completely. This form will not be considered complete unless all contact information is included.

Section A: Please list all of the areas for which you are requesting a variance. It is important to be as clear as possible in your request so that we can make our determination. It is up to the applicant to propose a distance less than 25 feet for each area listed, and you may want to consult with a licensed architect or engineer to determine that distance. Please note that these areas and distances must match those listed on the Certification Report, and that all inspections and tests conducted by a licensed architect or engineer must occur from these lesser distances. If more than one door, window that opens or ventilation intake falls within the lesser distance that you are proposing, they must all be listed.

Section B: Please give a brief description of the area for which you are requesting a variance, and any plans that you may have for that area. For instance, is the area a patio, deck, etc.? Do you plan to put up an awning, smoking shelter, etc.? Please note that all inspections and tests performed by a licensed architect or engineer should be done under these conditions, or similar conditions. If any changes are made after the inspections/tests have been performed, any variance that has been granted may be rescinded, and may require resubmittal. Check with other organizations regarding any regulations, legislation or codes (e.g. building codes, fire codes, planning, zoning, etc.) that may govern temporary or permanent structures. Granting of a variance by the Spokane Regional Health District does not constitute approval of any building plans that the applicant may have.

### **Documents to be submitted by Licensed Architect or Engineer:**

Section C: A completed Certification Report signed and stamped by a licensed and qualified architect or engineer must be submitted directly by the architect or engineer to the Tobacco Prevention and Control Program. The Certification Report and instructions are available from the Spokane Regional Health District. It is the responsibility of the applicant and licensed engineer or architect to determine the distances and conditions which will prevent smoke from entering the area(s) listed in Section A. If the information provided in the Certification Report does not match up with the information provided on this application, only the results certified by the licensed architect or engineer will be considered in the decision to grant a variance, and may necessitate a resubmittal. It is the responsibility of the applicant to make sure that the Certification Report is submitted by the licensed architect or engineer directly to the Tobacco Prevention and Control program.

Section D: A licensed architect or engineer must also provide detailed plans of your facility that clearly indicate all of the areas and distances for which you are requesting a variance. All plans must be stamped by the licensed architect or engineer. It is important to show all doors, windows that open and ventilation intakes that may be affected by the lesser distance. To see more specifications for the detailed plans, please see the Variance Application Procedure. It is the responsibility of the applicant to make sure that the detailed plans are submitted by the licensed architect or engineer directly to the Tobacco Prevention and Control program.

Please read the disclosure statement at the bottom of the Variance Application. By signing this application, you are agreeing to this statement in its entirety. The Variance Application will not be processed unless signed.

For more details and requirements, please see the Variance Application Procedure.

If you have additional questions, please contact the Tobacco Prevention and Control Program at 324-1553.

**Return completed Application form and payment to:**

Client Services  
Spokane Regional Health District  
1101 W. College Ave., Rm. 126  
Spokane, WA 99201